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Piloting a perfectionism intervention for pre-adolescent children

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ABSTRACT

Objective: The aim of this pilot study was to evaluate a school-based intervention program focussing on reducing perfectionism in pre-adolescent children.
Method: A 2-lesson intervention or the control condition was implemented across three schools (N = 125; M age = 11.60 years; 47.2% girls). Students completed assessments at baseline, post-intervention and 4-week follow-up.
Results: Significant between group differences for self-oriented perfectionism-striving were identified post-intervention and were maintained at 4-week follow-up ($d = 0.47$ and 0.40 respectively). Significant interactions between group and time favouring the intervention group were identified for the hyperactivity and emotional problems.
Discussion: Findings from this study provide preliminary support for the effectiveness of a perfectionism intervention at an earlier age than has been targeted to date. While these findings appear promising, the justification of such approaches with this age group will require follow-up investigations with expanded intervention content, longer follow-up assessments, larger samples, and evidence of impact on other variables such as well-being.
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Perfectionism leads to adverse outcomes and has been defined by one group of theorists as involving both high standards and self-criticism: "high standards of performance which are accompanied by tendencies for overly critical evaluations of one's own behaviour" (Frost, Marten, Lahart & Rosenblate, 1990, p. 450). A definition of clinical perfectionism was developed by Shafran and colleagues, namely "overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed standards" (Shafran, Cooper, & Fairburn, 2002, p. 778). This new construct was introduced in order to define the type of perfectionism that underlies the psychopathology seen by clinicians with the aim of advancing the understanding and treatment of certain psychiatric problems (Shafran, Cooper, & Fairburn, 2003). Attention has also been paid to the interpersonal dimensions of perfectionism, including *other-oriented perfectionism* (unrealistic expectations of others), and *socially prescribed perfectionism* (the perception that others prescribe and demand high levels of performance of oneself; Flett, Hewitt, Boucher, Davidson, & Munro, 1997). When the two most commonly utilised Multidimensional Perfectionism Scales (MPS) are used together, the Frost MPS (Frost et al., 1990) and the Hewitt and Flett MPS (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991), a two-factor solution has been found consisting of achievement striving (measured with the FMPS personal standards subscale and the HMPS self-oriented perfectionism subscale) and evaluative concerns (Bieling, Israeli, & Antony, 2004). *Achievement striving* has been termed 'positive striving' by Frost, Heimberg, Holt, Mattia and Neubauer, 1993, said to represent an "adaptive aspect of personal motivation" (p. 125). In contrast, *evaluative concerns* involves self-critical evaluations of the self and expectations of criticisms from others when standards are perceived not to be met, and is consistently positively associated with psychopathology (Egan, Wade, & Shafran, 2011).

Perfectionism has been implicated in a wide range of adjustment difficulties in children and adolescents. Self-oriented perfectionism has been associated with clinically diagnosed anxiety and also found to predict poorer treatment outcome (Mitchell, Newall, Broeren, & Hudson, 2013). Self-oriented and socially prescribed perfectionism predicts depression (Huggins, Davis, Rooney, & Kane, 2008) and obsessive compulsive disorder (Soreni et al., 2014). Socially prescribed perfectionism is associated with suicide ideation (Boergers, Spirito, & Donaldson, 1998) and self-harm (O'Connor, Rasmussen, Miles, & Hawton, 2009). A combination of

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achieving striving and evaluative concerns is associated with eating disorder symptoms in adolescents (Boone, Soenens, Braet, & Goossens, 2010). The adverse impact of perfectionism, in conjunction with the high prevalence (around 25%) of evaluative concerns in youth (Hawkins, Watt, & Sinclair, 2006), has resulted in a call for school-based prevention of perfectionism and promotion of resilience (Flett & Hewitt, 2014).

Cognitive-behavioural interventions targeting perfectionism in clinical populations have been shown to be associated with large effect size decreases in both achievement striving and evaluative concerns perfectionism and moderate effect size decreases in anxiety and depression (Lloyd, Schmidt, Khondoker, & Tchanturia, 2014). However, there are few evaluations of such programs in youth, with findings to date suggesting that an explicit focus on reducing perfectionism can indeed be effective, but programs where perfectionism is inserted as part of a general program without an extensive focus on perfectionism, are less effective (Flett & Hewitt, 2014). Only two universal school-based prevention programs directly addressing perfectionism in adolescents have been evaluated with both showing reductions in perfectionism. A small effect size difference in evaluative concerns perfectionism compared to the control condition was found at 3-month follow-up after 8 class lessons with 15-year old girls (Wilksch, Durbridge, & Wade, 2008). More recently, a significantly lower level of evaluative concerns perfectionism at 12-month follow-up was observed after an 8-lesson perfectionism intervention with boys and girls with a mean age of 14.9 years, with a small between-group effect size compared to a control group (Nehmy & Wade, 2015). In addition, the intervention group had significantly lower perfectionism, self-criticism and negative affect than the controls at 6-month follow-up. The impact on adverse outcomes associated with perfectionism supports the usefulness of targeting perfectionism as a transdiagnostic intervention (Nehmy, 2010).

Presently, no such programs with an explicit focus on perfectionism have been evaluated in children or pre-adolescents (Morris & Lomax, 2014). Therefore, the purpose of the current pilot study was to explore the potential of a perfectionism-focused intervention with upper primary school children (with a mean age of 11 years) in a universal school setting to impact perfectionism. Our primary hypothesis was that a 2-lesson intervention would reduce perfectionism in children at post-intervention and follow-up compared to the control condition. A secondary hypothesis was that this reduction in perfectionism would be accompanied by a decrease in two adverse outcomes associated with perfectionism, namely general psychological difficulties (especially those related to emotional problems) and over-concern with weight and shape. A "proof-of-principle" result would give support for further development and evaluation of perfectionism-focused interventions in children.

1. Method

1.1. Participants

Students (N = 125; 47.2% girls) in upper primary school classes from three independent schools in Adelaide, South Australia (mean age 11.60 years, SD = 0.82; range 9.91–13.91) were invited to participate in the intervention program. Socioeconomic status was obtained from the Australian government's Index of Community Socio-Educational Advantage (ICSEA). The mean ICSEA is 1000 and the standard deviation is 100 (ACARA, 2011). The three schools had ICSEA ratings between 992 and 1162, with a mean value of 1094, indicating marginally above average socio-economic status. Fig. 1 presents the recruitment and retention of participants over the three waves of data collection: baseline, post-intervention, 4-weeks follow-up.

1.2. Condition allocation

Allocation involved random assignment (using a computer-based algorithm) of intervention condition (called *Minding Young Minds*) or control (lessons as per normal) within each school.

1.3. Measures

1.3.1. Perfectionism

The Child and Adolescent Perfectionism Scale ('short CAPS') is a 14-item measure (O'Connor, Dixon, Rasmussen, 2009) derived from the 22-item CAPS (Flett et al., 1997). The original 22-item CAPS was considered to have only two dimensions, socially prescribed and self-oriented perfectionism, where the latter was considered to be adaptive. Two subsequent factor analyses of the CAPS (McCreary, Joiner, Schmidt, & Ialongo, 2004; O'Connor, Fraser, Whyte, MacHale, & Masterton, 2009) suggested that three dimensions exist with self-oriented perfectionism divided into two dimensions, one related to self-criticism and the other to striving. The first of the three dimensions, socially prescribed perfectionism, is defined as the perception that others demand perfection from one's self, constitutes 7 items (e.g., *"there are people in my life who expect me to be perfect"*). The second and third dimensions relate to self-oriented perfectionism, defined as a strong motivation to be perfect, with all-or-nothing thinking and self-reported high achievement expectations (Hewitt et al., 1991). The two different dimensions comprise: *critical* (4 items, e.g., *"I get mad at myself when I make a mistake"*), and *striving* (3 items, e.g., *"I try to be perfect in everything I do"*). Possible responses on a Likert scale could range from 1 (*Not at all true of me*) to 5 (*Very true of me*), where higher scores indicate higher levels of perfectionism. The short CAPS has acceptable internal consistency with alphas ranging from .72 to .86 across the three subscales (O'Connor, Fraser, et al., 2009; O'Connor, Dixon, et al., 2009; O'Connor, Rasmussen, & Hawton, 2009; O'Connor, Rasmussen, Miles, et al., 2009). The current study yielded the following alphas across the three waves: $r = .87–.91$ for socially prescribed perfectionism; $r = .81–.85$ for self-oriented perfectionism-critical; and $r = .73–.84$ for self-oriented perfectionism-striving. Further, the measure possesses good test-retest reliability over a 6-month period with intraclass correlation coefficients for socially prescribed perfectionism, self-oriented perfectionism-critical and self-oriented perfectionism-striving of .61, .65 and .64, respectively (O'Connor, Fraser, et al., 2009; O'Connor, Rasmussen, et al., 2009; O'Connor, Rasmussen, Miles, et al., 2009).

1.3.2. Psychological adjustment

The Strength and Difficulties Questionnaire (SDQ; Goodman, 1997) is commonly used screening measure of behavioural and emotional adjustment in children; comprises 25 items (e.g., *I would rather be alone than with people of my own age*) and five subscales (emotional problems, conduct problems, hyperactivity problems, peer problems and prosocial behaviour). Every item requires responses using a 3-point ordinal Likert format (not true, somewhat true, certainly true). Responses are scored such that higher scores indicate more problematic features. Each subscale ranges 0–10, and maximum total scale score sums to 40 (as prosocial subscale is omitted). The psychometric properties of the SDQ include satisfactory internal and test-retest reliability (Goodman, Meltzer, & Baily, 2003; Palmieri & Smith, 2007), and good convergent, discriminant and construct validity have been reported (Goodman, 2001; Goodman et al., 2003; Roy, Veenstra, & Clench-Aas, 2008). Internal reliability for the total scale in the current study ranged from .75 to .81 over the three data collection waves.

1.3.3. Over-concern with weight and shape

Derived from the McKnight Risk Factor Survey IV (McKnight,